Electronic Health Record Program Update

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Agenda

- What is an Electronic Health Record (EHR)?

- Why does LA DHS need a new EHR solution?

- What is LA DHS doing to address its need for a new EHR solution?

- Funding

- Time lines

What is EHR (Electronic Health Record)?

- An integrated EHR system will satisfy DHS' strategic goal of "Creating a modern IT system that improves the care of our patients and assures efficient use of resources."

- An EHR contains all of the information that clinicians, nurses, and other healthcare providers used to place in a traditional paper-based medical chart.

- Advances in computer technology have enabled integrated computer systems that allow EHR's to contain complete clinical information that includes diagnoses, lab results, X-rays, specialist info, etc.

- EHR's may allow patients to more actively take ownership of their healthcare needs through capabilities such as on-line appointment scheduling and viewing lab results online.

- EHR's will contain an Enterprise Medical Patient Index (EMPI) that will uniquely identify the patient throughout the entire LA County Healthcare network and allow for a consistent continuum of care regardless of which LA County medical facility the patient visits.

- On-line clinical documentation by all care providers

- Electronic order entry for all care delivery orders

- Medical Coding for documentation

- Decision Support for documentation and electronic order entry

- Integrated ancillary systems (such as Pharmacy, Laboratory, and Radiology)

- Management of the admission, discharge, and transfer (ADT) cycle including patient scheduling, registration and the Enterprise Master Patient Index (EMPI)

- It will not provide functionality for Revenue Cycle Management at this time

- The current QuadraMed Affinity system has been sunset by the vendor and has gone off standard support starting in 2012

- Affinity does not meet Meaningful Use standards nor does it allow for all our needed functionality

- A modern EHR is required to:

  – Support the need to enhance Quality of Care and Patient Safety

  – Certified EHR implementation is required for Meaningful use

- LA DHS has made commitments to a program for Ambulatory Care Reform which requires more sharing of information across the system and a more complete view of the patient across the continuum of care

EHR Investments Provide Many Strategic Benefits

- Enterprise-wide sharing of patient information
  - Access to comprehensive patient information to facilitate continuity of care within and between sites
- Patient safety and improved outcomes supported by smart systems and optimized workflow
- Improved data quality and aggregation to support research, analytics, and quality improvement
- Consistent patient experience, across the organization
- Enterprise-wide sharing of best practices
  - Enhanced efficiency and effectiveness when implementing new rules, protocols and guidelines – from both a clinical and IT perspective
- Integrated EHR systems can reduce IT complexity and operating costs

LA DHS Current State
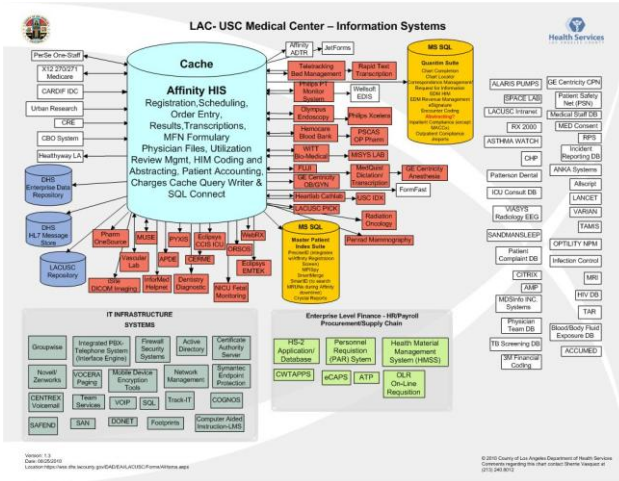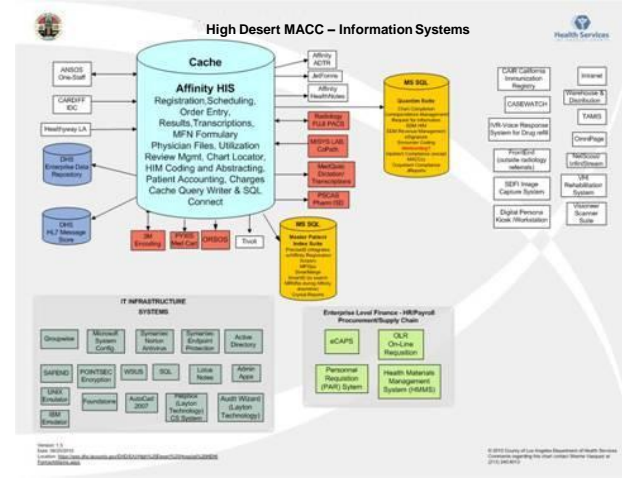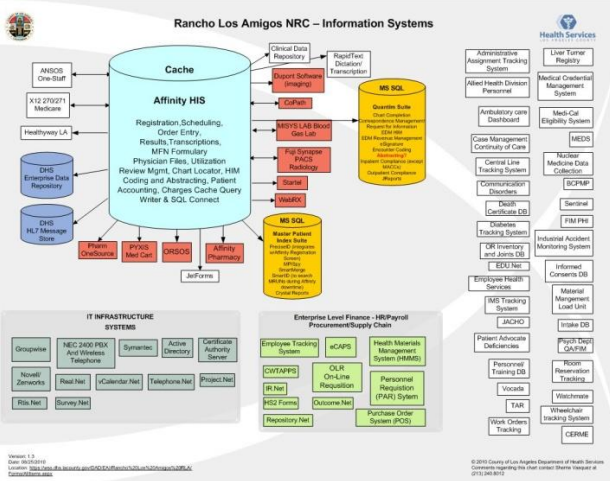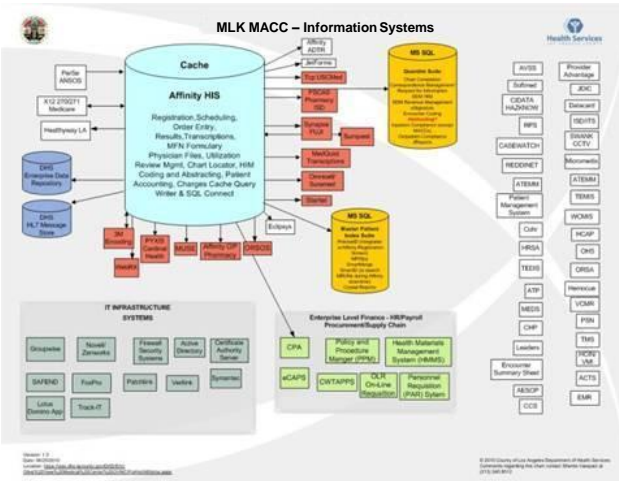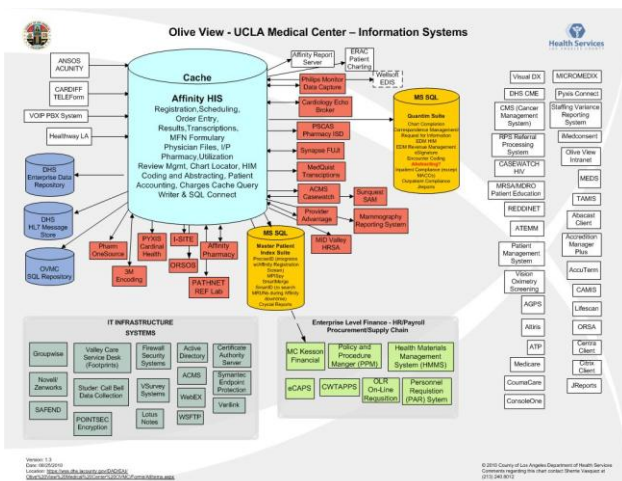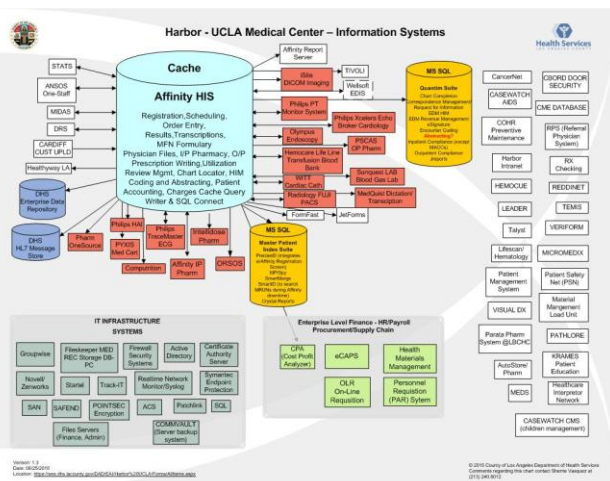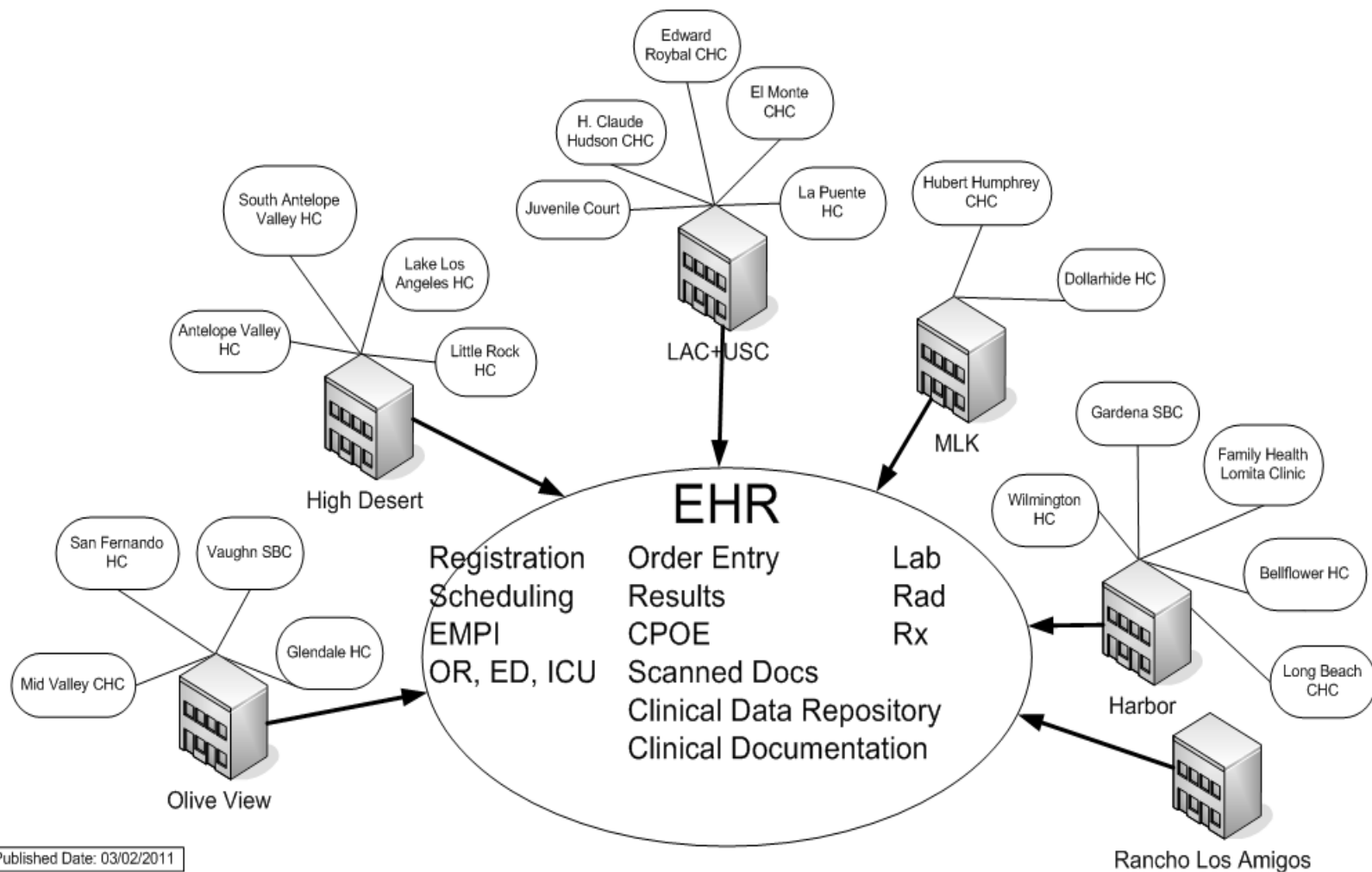
- Created a provider led structure to provide leadership, governance and direction for the EHR program

- Developed and approved an EHR Strategy including the release of an RFP

- Identified key barriers and developed a roadmap for the program to address barriers

"To procure, deploy, and sustain a uniform, standardized and fully integrated EHR solution that is implemented consistently across care settings, with standardized associated workflow processes and a single, unified data structure."

Principles

- Clinicians will use the LA DHS EHR as the primary mode of documentation of patient care
- Clinicians will utilize the LA DHS EHR to create all patient care orders online
- Achieve compliance with reporting the quality measures and on-line activities as required by CMS
- Charge capture for professional services and for facility services will be accomplished through the LA DHS EHR
- All external paper documents relevant to patient care will be scanned and will be available as needed to providers through the LA DHS EHR
- The EHR will support the full continuum of care across all care venues in all DHS facilities and for all disciplines

Current Activities

- **Develop Evaluation & Selection Infrastructure**
  - County Counsel, Outside Counsel (Foley & Lardner), Contracts & Grants, EHR Project Director (Dr. Roger Lewis & Dr. William Stringer), DHS Chief Information Officer, EHR Project Manager
  - Developed a strategy for procurement including documentation requirements for the RFP including minimum mandatory requirements, Technical & Functional requirements
  - Developed from Clinical Advisory Group, Industry wide best practices, Gartner's Magic Quadrant vendor reassessment.

- **Communication**
  - Road show presentations to each Major Facility and Comprehensive Health Center

- **Working Group imperatives**
  - Standardization of processes
  - Master Patient Index (MPI) clean up – Unique Identifier
  - Infrastructure evaluation.

EHR Foundational Infrastructure

Enterprise
EHR

Vendor Support

Design, Build, Test, Train, implement, ongoing, annual maintenance

≈ $86 - $100M

S/W License **Staff** Training

Backfill

Clinical Process Flow Re-engineering

IT Support

Clinical, Technical, Analyst, Interface, PM

≈ $67 - $83M

PC's LAN **Support Services** **Data Centers**

WAN Hosting

CSC, Desktop, Network

≈ $88 - $100M

≈ estimated costs

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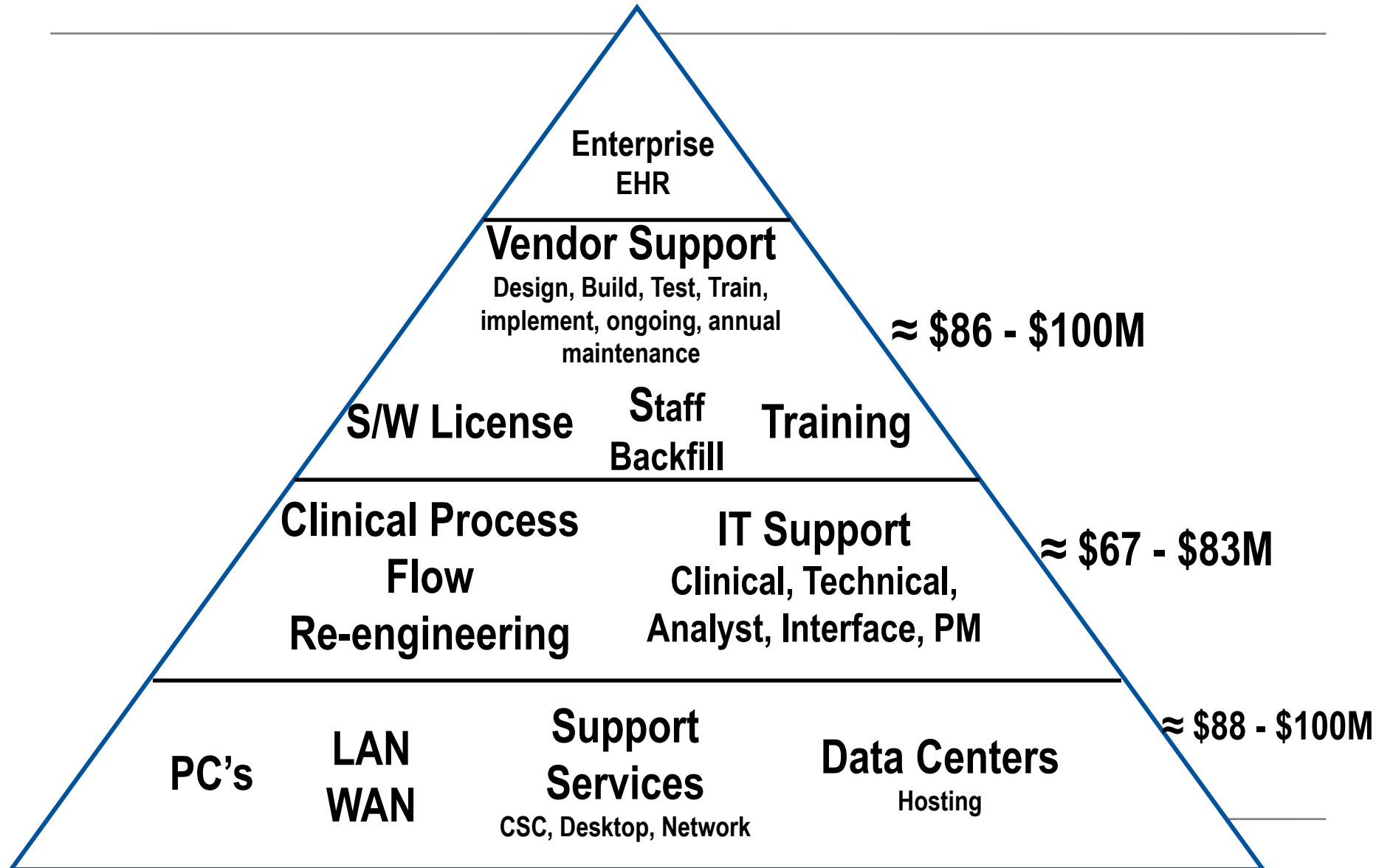
DHS - EHR Projected Costs by Category*

Software	34,000,000
Professional Services - Process flow Re-engineering + Transition	47,000,000
Staffing Needs	76,500,000
5 Year Maintenance/Support	21,000,000
5 year Remote Hosting	22,500,000
Infrastructure	46,000,000
Contingency ≈15%	36,000,000
Total	**283,000,000**

* ≈ estimated costs before revenues and sunset QuadraMed cost offsets

Sources of Funding - DRAFT

■ Meaningful use Incentives

■ QuadraMed offsets

EHR Initiative Critical Success Factors

Successful enterprise EHR initiatives have a number of common strategy, governance and integration elements which are applicable to DHS

Strategy	Governance	Integration

Strategy

An **executive vision for "systemness"** – with a focus on transforming into a unified organization

A recognition of **IT as a key enabler** for unifying the organization with integrated teams of care providers leveraging technology

Long term commitment – ownership and maintenance expenses continue for product's useful life

Governance

Strong championing of a shared vision across all leadership ranks – with unwavering support of common clinical systems;

Shared clinical and operational governance requiring significant leadership involvement and commitment – and *preceding* clinical IT and IT governance;

Robust committee structures blending "corporate" and operational, clinical, and IT views;

Integration

A trend toward s**tandardization of applications** across entities and **alignment of workflow processes** to remove variation and improve efficiency;

Focus on clinical quality and patient safety – with integrated systems across the continuum to improve patient safety and quality of care;

Clinical transformation activities that embrace a system-wide view

EHR Time Line

- November 15, 2011 - Release of RFP http://cg.dhs.lacounty.gov/default.htm

- December 9, 2011 – date for proposal submission phase1(minimum / mandatory requirements)

- December 23, 2011 - notification to the vendor proposers who have met the minimum and mandatory requirement threshold

- March 1, 2012 – date for final proposal submissions

- Spring / summer 2012 – evaluate vendor proposals

- Summer / Fall 2012 – Finalize negotiations

- ≈ Spring / summer 2014 – Go live at 1st location (TBD)

- ≈ + 3 years – Go live at remaining DHS locations

This timeline is not intended to represent an actual start date. The start date is reliant upon funding, approval and procurement. The implementation timelines will be reliant upon appropriate dedicated resources.

Estimated Timeline Model

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